

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10695 174
APPLICANT(S) _____

FILING DATE 10-27-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		2				
6		3				
7		3				
8	1					
9		1				
10		2				
11	1					
12		1				
13		1				
14		1				
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50						
TOTAL IND.	3					
TOTAL DEP.		22				
TOTAL CLAIMS		25				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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